

CONTACT INFORMATION

JEFFERSON CITY, MO 65102

MISSOURI DEPARTMENT OF NATURAL RESOURCES ENERGY CENTER

MISSOURI CERTIFIED HOME ENERGY AUDITOR APPLICATION (Existing BPI or RESNET certification)

FOR OFFICE USE ONLY				
DATE RECEIVED:				
REVIEWER:				

This application form is <u>only</u> for those individuals who are already fully certified by Building Performance Institute (BPI) as a Building Analyst Professional or Residential Energy Services Network (RESNET) as a Certified Rater. Those individuals who do not possess these credentials must use either the "Training at Institution other than BPI or RESNET Application" or the "Provisional Certification Application" to apply for certification

CONTACT INFORMATION					
FIRST NAME	MIDDLE INITIAL OR NAME LAST I		LAST NAME	NAME	
ADDRESS			CITY		
ADDRESS			CITY		
COUNTY	STATE	ZIP	TELE	PHONE NUMBER	
EMAIL ADDRESS			·		
EXISTING CERTIFICATION – BPI BUILDING	3 ANALYST	PROFESSIONA	L		
BPI Affiliate where training					
was received					
Date training completed					
Date training completed					
Certification Number					
Certification expiration date					
*Attach Copy of Training Certificate (R	equired)				
EXISTING CERTIFICATION – RESNET CER	TIFIED RAT	TER			
Accredited Rating Provider					
where training was received					
Date training completed					
Certification Number					
Certification Number					
Certification expiration date					
*Attach Copy of Training Certificate (R	equired)				
Action Copy of Training Continuate (Required)					
Attach the following to application:					
Business brochures (if applicable)					
Copies of business advertisements (if applicable)					
Web site address of business (if app					
Copy of business license (if applicab					
Proof of business name registration					
Proof of general or professional liabi	lity insuran	ce of at least \$5	00,000 (<u>re</u>	<u>equired</u>)	
Land Mark Land Construction State Construction	1' 1 - '			dubatta da bastafar bas bada a ad	
I certify that I am familiar with the information belief such information is true, complete a			cation, and	that to the best of my knowledge and	
SIGNATURE	anu accurat	le.		DATE	
MAIL COMPLETED ADDITION IN THE	T A OL 13453 11	TO TO:			
MAIL COMPLETED APPLICATION WITH AT MISSOURI DEPARTMENT OF NATURAL RE		19 10:			
ENERGY CENTER	-55511020				
P O BOX 176					

FOR OFFICE USE ONLY	
COMMENTS	
MISSOURI CERTIFICATION NUMBER	DATE ASSIGNED

MO 780-2011 (11-08)